

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018688

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317 547 1300  
FILED MAY 3 1963

## 1. PLACE OF DEATH

a. COUNTY

St. Louis County

b. CITY (If outside corporate limits, give TOWNSHIP only)

Richmond Heights

Length of stay in 1b

YRS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Mary's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

OR TOWN Richmond Heights

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) 1100 Bellevue Avenue

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Sister Mary Gerarda Williamson

4. DATE OF DEATH

Month

Day

Year

April

16

1963

## 5. SEX

F

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9-15-1879

## 9. AGE (last birthday)

83

## 10. IF UNDER 1 YEAR IF UNDER 24 HR.

Months 7 Days 1 Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sister in Religion

## 10b. KIND OF BUSINESS OR INDUSTRY

Sister of St. Mary Belfast, Ireland

## 11. BIRTHPLACE (City and state or country)

U.S.A.

## 13a. FATHER'S NAME

Hugh W. Williamson

## 13b. MOTHER'S MAIDEN NAME

Mary Loughran

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates) No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address Sister Mary Francine, 1100 Bellevue Ave.

## 18. CAUSE OF DEATH (Enter only one cause)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Heart failure

### INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Arteriosclerosis

#### DUE TO (c)

Intestinal obstruction

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour 4-16-63 a.m. 10:55 A. M.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 2-24-63 to 4-16-63 and last saw her alive on 4-15-63. Death occurred at 10:55 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Missouri Theatre Bldg.

Grand Ave. St. Louis, Mo.

## 22c. DATE SIGNED

4-16-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Apr. 19, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

4-18-63

## 26. REGISTRAR'S SIGNATURE

A. H. Bocklage 6536 Clayton Rd.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300 Rev. 4/59

1 4005  
2 4005  
3  
4 1  
5 0  
6  
7 2  
8 2  
9 4500  
10  
11  
12 46-0  
13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Stanley H. Dixon  
Licensed Embalmer No. 4193

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.